

3. When an interval has existed during which the stimulus has been inoperative, the contraction does not reach its original height for some time after the stimulus has again become effective, and this time is longer after the ascending than after the descending current. He does not see how the conclusion can be avoided that after opening the polarizing current a rapid, perhaps instantaneous reversal of the relations of the poles takes place.

The remainder of the paper is devoted to a discussion of preceding facts in regard to conductivity and excitability. He states, "I do not now say that excitability and conductivity are separable properties. What I say is that we know nothing in the manner of propagation of a nerve impulse which goes against such a supposition. We know much which supports it."—*The Journal of Physiology*, vol. ix., No. 1, 1888; and vol. x., No. 6, 1889. ISAAC OTT.

EXCERPTS FROM ITALIAN JOURNALS.

BY ALBERT PICK AND F. H. PRITCHARD, M.D., BOSTON.

ON TWO CASES OF RUMINATION IN THE INSANE.

Dr. G. B. Verga (*Archivo Italiano per le malattie nervose*, 1886, xxvi., p. 149). The writer, after giving a review of the relatively rich literature on rumination in man, communicating at the same time two cases of his own with post-mortem results, turns to the explanation of this phenomenon. That it is not a disease which most writers admit is seen from the most various pathological results found in patients with this symptom, as well as a perfectly normal condition of the organs of deglution and digestion; especially does he object to those writers, who, like Cantarano, would have it regarded as an atavistic sign. Even Cantarano had to confess that very many of his 69 cases from literature, of which only 36 were mentally abnormal, had not ruminated from childhood; hence it was to be regarded as an acquired peculiarity—according to the writer, as a bad habit. Thus it is chiefly found in voracious individuals, for example, in imbeciles, then in people who have no time to eat, and especially in children, in business men, learned men, etc., and finally in persons with faulty apparatus of mastication.

Hence, one should strike merycisus from the list of degenerative and atavistic phenomena.

SURGICAL OPERATIONS AS A CAUSE OF INSANITY.

Dr. R. Gucci (*Rivista sperimentale di Freniatria*, 1889, xv., p. 50). The writer, in his excellent treatise on surgical operations as a cause of mental disturbances, first excludes

all those cases where there was a cerebral concussion as a cause of origin of psychoses, and from his careful study of the literature and from observations :

1. Ovariectomy in a seventy-four-year woman, with mania during convalescence, three months after the operation.

2. Ovariectomy in a thirty-one-year-old woman, with attacks of violent excitement ten days after operation, which returned and led to imbecility.

3. Ovariectomy in a forty-two-year-old woman, who had an insane attack in the twenty-fourth year, and then for sixteen years remained completely well, and only four weeks after the operation was she attacked anew.

4. Enucleation of the eyeball in a sixty-year-old woman, with immediately following grave melancholia.

He comes to the conclusion that in rare and exceptional cases an operation may be the cause of origin of a psychosis. Contrary to the rarity of its appearance, he does not think it a contra-indication in individuals predisposed for an operation which otherwise would have to be performed.

Psychoses seems most frequently to follow operations on organs which have an intimate nervous connection with the central nervous system, as the sexual organs and those of sense.

Further, the fever, the loss of blood, and especially the chloroform narcosis, may have a certain influence.

CHOREA HEREDITORIA (HUNTINGTON'S CHOREA).

CHRONIC PROGRESSIVE CHOREA.

Dr. G. Leppilli (*Revist. sperimental. di Freniatr. etc.*, 1888, xiii., p. 453) gives a record of the cases of the disease known up to date, and forms a clinical picture of this rare disease, essentially distinguishing itself by its constant transmission by heredity, often through many generations and then making an outbreak later on, generally between the thirtieth and fortieth years, and by its gradually progressive functional disturbance of always new groups of muscles (even of the tongue), and by its incurability from the usual chorea. The abnormal movements are aggravated by emotions, while they, contrary to the usual form of chorea, may be more or less completely suppressed by intended motions; during sleep they cease completely. Disturbance of sensibility are wanting; the mechanical and electric irritability is unchanged, the reflexes are normal, exceptionally heightened. Especially after a more or less duration of the disease are slight psychic disturbances